

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02AL0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2014
NAME OF PROVIDER OR SUPPLIER HEART HOMES AT LINTHICUM I		STREET ADDRESS, CITY, STATE, ZIP CODE 806 CAMP MEADE ROAD LINTHICUM, MD 21090		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	Initial Comments On 02/18/14, an inspection of care survey was conducted by Anne Arundel County Department of Aging and Disabilities, representing the Office of Health Care Quality, to determine whether the immediate health and safety needs of the residents are being met and determining compliance with COMAR regulations 10.07.14, Assisted Living Regulations and Health General 19-1805(a)(6). The inspection of care survey is not used to determine the reissuance of a license. Survey activities included a review of selected administrative, staff and residents ' files, interview with staff and residents, observations and a tour of the facility. The facility ' s census at the time of the survey was thirteen (13) residents.	E 000		
E3380	.26 C3 .26 Service Plan (3) The service plan is reviewed by staff at least every 6 months, and updated, if needed, unless a resident's condition or preferences significantly change, in which case the assisted living manager or designee shall review and update the service plan sooner to respond to these changes. This REQUIREMENT is not met as evidenced by: 10.07.14.26 C (3) Based on resident record review, the ALM or designee, failed to review and update service plans at least every 6 months, or sooner, if a resident ' s conditions or preferences significantly change. Findings include:	E3380		

OHCQ
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E3380	<p>Continued From page 1</p> <p>Review of Resident #1 ' s record revealed that the service plan was last reviewed on 1/3/14. Since that time, Resident #1 has developed reddened buttocks and needs to be encouraged to change positions frequently. He also now sits on a cushion to prevent skin breakdown. The service plan should be updated to include this information.</p> <p>Review of Resident #2 ' s record revealed that the service plan was last reviewed on 8/1/13, more than 6 months ago.</p> <p>Review of Resident #3 ' s record revealed that the service plan was last reviewed on 1/10/14. Since that time, Resident #3 has had 3 falls in the facility, now uses a wheelchair and is encouraged to call for assistance before attempting to transfer. Resident #3 also has a medical order to have green foam heel protectors on at all times. She also no longer receives the Ensure Plus BID (twice daily). The service plan should be updated to include this information.</p>	E3380		